20-6-02-08-0M-00046421

FE7AN014

FEC FORM 3X

REPORT OF RECEIPTS **AND DISBURSEMENTS**For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER-2016 FEB -3 AM 6: 52

Office Use Only

1. NAME (COMMI	OF TTEE (in full)	TYPE OR PRINT		ample: If typing, ty or the lines.	ype 12FE	E4M5		
BRAIN SLUG PAC								
ADDRESS (number and street) [6409]ROCKREST_COURT								
▼ Che	eck if different							
than previously reported. (ACC)		RALEIGH			L NC	27612	<u></u> -L.	
2. FEC IDENTIFICATION NUMBER ▼			CITY ▲		STATE A	ZI	P CODE A	
C 00)583468		3. IS THIS REPORT	NEW (N)	OR [AMENDED (A)		· 144
4. TYPE OF REPORT (b) Monthly Report Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)								
•	•	Due On:	Mar 20 (M3	Jun 2	20 (M6)	Sep 20 (M9)		20 (M12) [©]
(a) Guarterly Reports. Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE								•
	April 15 Quarterly Report (0	Q1) (c) 12-Day	<u> — </u>	Primary (12P)	П	neral (12G)	Runot	f (12R)
	July 15 Quarterly Report (0	PRE-E	lection	•			- Hallo	
	October 15 Quarterly Report (0		for the:	Convention (12C)	Spi	ecial (12S)	se e so	
X	January 31 Year-End Report (Election on	6 - 6 / 0	7 7 7		the State of	
	July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-	Election for the:	General (30G)	Ru	noff (30R)	Speci	al (30S)
	Termination Report (TER)		Election on	M M / D	/ ***	E .	n the State of	
5. Covering Period 07 01 2015 through 12 2015								
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.								
Type or Print Name of Treasurer BRENDAN R. DILLON								
Signature of Treasurer Signature of Treasurer Date Date								
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.								
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	and I			1		Rev	/. 12/2004	- 1